

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILED DATE

APPLICANT(S)

10/519296

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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2	/						52						
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48							98						
49							99						
50							100						
TOTAL IND.	/	↓			↓				↓			↓	
TOTAL DEP.	/	↔			↔				↔			↔	
TOTAL CLAIMS	/	██████████			██████████				██████████			██████████	